

ISSUE SLIP STAPLE AREA (for additional cross references)

PORTION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>DSM</i>		
O.I.P.E. CLASSIFIER		<i>21</i>	<i>8/8/01</i>
FORMALITY REVIEW	<i>H-5</i>	<i>866</i>	<i>01-05-01</i>
RESPONSE FORMALITY REVIEW	<i>SP</i>	<i>1027</i>	<i>11-19-01</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Date
Final	
Original	
1	<i>3/10/5</i>
2	<i>1/17/5</i>
3	<i>02/02/5</i>
4	<i>03/01/5</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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5-24
9/6
6/1
19-1

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